

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

IMMIGRATION REFORM FUND

ADDRESS (number and street)

5310 West Collum Avenue

Check if different
than previously
reported. (ACC)

Chicago

IL

60641

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530816

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Figueroa, Omaira, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Figueroa, Omaira, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

IMMIGRATION REFORM FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		342051.93
(b) Cash on Hand at Beginning of Reporting Period.....	342051.93	
(c) Total Receipts (from Line 19)	34460.00	34460.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	376511.93	376511.93
7. Total Disbursements (from Line 31).....	3616.90	3616.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	372895.03	372895.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

IMMIGRATION REFORM FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30150.00	30150.00
(ii) Unitemized	310.00	310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30460.00	30460.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34460.00	34460.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34460.00	34460.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34460.00	34460.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3616.90	3616.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3616.90	3616.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3616.90	3616.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3616.90	3616.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34460.00	34460.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34460.00	34460.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3616.90	3616.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	3616.90	3616.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cardenas, Henry, , ,

Mailing Address 415 E North Water St.
Apt. 1905

City
Chicago

State
IL

Zip Code
60611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cardenas Marketing Network

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5296

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dovaline, Cesar, A., , Jr.

Mailing Address 4555 S. Racine Ave.

City
Chicago

State
IL

Zip Code
60609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cristina Foods, Inc.

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fernandez, Liliana, , ,

Mailing Address 800 Bluff St.

City
Glencoe

State
IL

Zip Code
60022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5281

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Friends of Charlie Beach

Mailing Address 4001 W. Peterson Ave.
Suite 210

City
Chicago

State
IL

Zip Code
60646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5287

Amount of Each Receipt this Period

250.00

☐ Memo Item
Permissible Funds

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gaytan, Juan, , , Jr.

Mailing Address 1 Bell Oak Lane

City
Lemont

State
IL

Zip Code
60439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Monterrey Security

Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5297

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grillo, Fernando, , ,

Mailing Address 1147 N. Grove St.

City
Oak Park

State
IL

Zip Code
60302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5280

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoyt, Joshua, W., ,

Mailing Address 4814 N. Winchester Ave.

City
Chicago

State
IL

Zip Code
60640-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nat'l Partnership for New Amer

Occupation (for Individual)

Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
06 / 05 / 2017

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kaempfer, J.W. (Joey), , , Jr.

Mailing Address 6400 Georgetown Pike

City
McLean

State
VA

Zip Code
22101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

McArthurGlen

Occupation (for Individual)

Construction/Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2017

Transaction ID : SA11AI.5264

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Earmarked from ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marquez, Jacqueline, , ,

Mailing Address 8360 Greensboro Dr.
Apt. 201

City
McLean

State
VA

Zip Code
22102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Filmmaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2017

Transaction ID : SA11AI.5265

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Earmarked from ActBlue

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Munoz, Stewart, , ,

Mailing Address 4256 N. California Ave.

City
Chicago

State
IL

Zip Code
60618-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Centro Development

Occupation (for Individual)
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5286

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murphy-Aguilu, James, S., ,

Mailing Address 2342 W. Montana St.

City
Chicago

State
IL

Zip Code
60647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5290

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Puig, Luis, , ,

Mailing Address 1414 W. Willow St.

City
Chicago

State
IL

Zip Code
60642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A.L.L. Masonary Inc.

Occupation (for Individual)
Engineer/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5278

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roldan, Hipolito, , ,

Mailing Address 233 E 13th St.
Apt. 1305

City
Chicago

State
IL

Zip Code
60605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hispanic Housing Dev Corp

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rowe, John W., , ,

Mailing Address 70 W. Madison
#5770

City
Chicago

State
IL

Zip Code
60602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruemmler, Michael, L., ,

Mailing Address 1359 N. Noble St.
Apt. 201

City
Chicago

State
IL

Zip Code
60642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5289

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ruiz, Jesse, , ,

Mailing Address 1741 West Ellen Street

City
Chicago

State
IL

Zip Code
60622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drinker Biddle & Reath LLP

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanchez, Jose, R., , MSW

Mailing Address 1040 N. Lake Shore Dr.

City
Chicago

State
IL

Zip Code
60611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norwegian American Hospital

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

30150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ACTBLUE

Mailing Address P.O. BOX 441146

City
SOMERVILLE

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / **18** / **2017**

Transaction ID : SA11C.5267

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address P.O. BOX 441146

City
SOMERVILLE

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / **30** / **2017**

Transaction ID : SA11C.5268

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH STREET, NW
TWO CITYCENTER, SUITE 400

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / **06** / **2017**

Transaction ID : SA11C.5300

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City
DALLAS

State
TX

Zip Code
75202

FEC ID number of contributing
federal political committee.

C C00109017

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2017

Transaction ID : SA11C.5304

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 500 EAST
ATTN: TAYLOR CRAIG

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C C00186288

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2017

Transaction ID : SA11C.5302

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Service Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5271**

Amount of Each Disbursement this Period

98.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Business Card

Mailing Address PO Box 856177

City
LouisvilleState
KYZip Code
40285Purpose of Disbursement
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5309**

Amount of Each Disbursement this Period

306.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Business Card

Mailing Address PO Box 856177

City
LouisvilleState
KYZip Code
40285Purpose of Disbursement
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5321**

Amount of Each Disbursement this Period

1720.54

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2126.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name (Last, First, Middle Initial)

A. Garcetti for Mayor

Mailing Address 777 S. Figueroa St., Ste. 4050

City
Los AngelesState
CAZip Code
90017Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	5		

FEC Identification Number

C**Transaction ID : SB21B.5321.4**

Amount of Each Disbursement this Period

1400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Business Card

Mailing Address PO Box 856177

City
LouisvilleState
KYZip Code
40285Purpose of Disbursement
Credit card (see below if itemized)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5346**

Amount of Each Disbursement this Period

204.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NationBuilder

Mailing Address 448 S. Hill Street, #200

City
Los AngelesState
CAZip Code
90013Purpose of Disbursement
Website expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5346.**

Amount of Each Disbursement this Period

59.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

204.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name (Last, First, Middle Initial)

A. PNC Business Card

Mailing Address PO Box 856177

City
LouisvilleState
KYZip Code
40285Purpose of Disbursement
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5360**

Amount of Each Disbursement this Period

276.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NationBuilder

Mailing Address 448 S. Hill Street, #200

City
Los AngelesState
CAZip Code
90013Purpose of Disbursement
Website expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5360.2**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Business Card

Mailing Address PO Box 856177

City
LouisvilleState
KYZip Code
40285Purpose of Disbursement
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5366**

Amount of Each Disbursement this Period

145.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

422.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 448 S. Hill Street, #200

City
Los AngelesState
CAZip Code
90013Purpose of Disbursement
Website expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5366.**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. W.W. Norton & Company

Mailing Address 500 Fifth Avenue

City
New YorkState
NYZip Code
10110Purpose of Disbursement
Reference materials

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5372**

Amount of Each Disbursement this Period

265.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

265.98

3019.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name (Last, First, Middle Initial)

A. Garcetti for Mayor

Mailing Address 777 S. Figueroa St., Ste. 4050

City
Los AngelesState
CAZip Code
90017Purpose of Disbursement
Contribution (see PNC Bus Card 3/15/17)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		13		2017

FEC Identification Number

C**Transaction ID : SB29.5375**

Amount of Each Disbursement this Period

1400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

0.00